

OHA - Drinking Water Services – Turbidity Monitoring Report Form County:
Slow Sand, Membrane, Diatomaceous Earth Filtration or Unfiltered Systems

System Name: Detroit Water System ID #: 00257 WTP:-: A Month/Year: 2023

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day ¹ [NTU]
1	0.01			0.01	0.01		0.01
2	0.01			0.01			0.01
3		0.01		0.01	0.01		0.01
4	0.01	0.01	0.01				0.01
5				0.01			0.01
6			0.01				0.01
7		0.01	0.01	0.01	0.01		0.01
8		0.01	0.01				0.01
9	0.01			0.01			0.01
10			0.01	0.01	0.01		0.01
11				0.01			0.01
12			0.01			0.01	0.01
13		0.01		0.01			0.01
14				0.01	0.01		0.01
15				0.01	0.01	0.01	0.01
16				0.01	0.01	0.01	0.01
17				0.01		0.01	0.01
18			0.01	0.01	0.01		0.01
19		0.01	0.01			0.01	0.01
20			0.01				0.01
21	0.01			0.01			0.01
22		0.01			0.01		0.01
23		0.01	0.01	0.01		0.01	0.01
24	0.01		0.01				0.01
25				0.01	0.01		0.01
26			0.01			0.01	0.01
27		0.01	0.01		0.01		0.01
28		0.01			0.01		0.01
29		0.01			0.01	0.01	0.01
30			0.01	0.01			0.01
31	0.01	0.01					0.01

Slow Sand Membrane/DE Filtration/Unfiltered	Monthly Summary		Monthly Summary (Answer Yes or No)	
	95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="radio"/> Yes <input type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes <input type="radio"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Notes:	PRINTED NAME: Robert Bruce			
	SIGNATURE: Robert Bruce		DATE: 2-1-23	
	PHONE #: (503) 954-3496		CERT #: 7136	

¹ Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in columns "12 AM" through "8 PM" may not correspond to continuous readings' maximum. ² Filtered systems only.

Total gal 753100

OHA - Drinking Water Program – Surface Water Quality Data Form - Giardia Inactivation

Name: CITY OF DETROIT

ID #41: 00257

WTP: A Month/Year: Jan 2023

Log Requirement (Circle One): 0.5 1.0

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	CXT	[° C]		Use tables	Yes / No	[GPM]
1/01/14	1.27	66	83.83	8.0	7.7	38	yes	60
2/11/21	1.30	66	85.8	7.7	7.9	31	yes	60
3/08/31	1.29	66	85.14	8.0	7.8	37	yes	60
4/10/08	1.3	66	85.8	5.4	7.8	38	yes	40
5/07/49	1.2	66	79.2	6.0	7.8	37	yes	40
6/07/56	2.0	66	132	6.0	7.9	41	yes	30
7/10/19	2.0	66	132	7.2	7.98	34	yes	50
8/09/52	1.95	66	128	9.1	8.07	49	yes	50
9/7/43	1.84	66	121.4	5.7	8.3	48	yes	50
10/8/19	1.79	66	118.1	5.3	8.09	48	yes	40
11/07/17	1.7	66	112.2	5.7	8.1	48	yes	40
12/06/44	1.6	66	105.6	5.7	8.4	47	yes	40
13/01/11	1.5	66	99	6.9	8.2	47	yes	40
14/09/03	1.47	66	92.4	5.5	8.3	47	yes	40
15/11/44	1.38	66	85.8	9.3	8.4	46	yes	50
16/09/53	1.31	66	86.46	7.9	8.4	46	yes	50
17/08/00	1.2	66	79.2	7.7	8.5	45	yes	50
18/06/27	1.1	66	76.6	8.4	8.6	50	yes	50
19/07/08	.75	66	49.5	5.8	7.8	30 ³⁵	yes	50
20/10/47	.97	66	64.02	9.1	7.8	36	yes	50
21/12/38	1.06	66	69.96	8.2	7.8	55	yes	50
22/3/10	1.14 1.14	66	75.24	9.2	7.6	58	yes	70
23/08/13	1.16	66	76.56	9.5	7.7	37	yes	60
24/07/23	1.18	66	77.8	9.6	7.7	37	yes	60
25/07/57	1.21	66	79.86	10.1	7.6	28	yes	60
26/08/00	1.24	66	81.8	12.0	7.8	28	yes	60
27/06/15	1.22	66	80.5	10.0	7.7	28	yes	60
28/11/41	1.1	66	72.6	10.6	7.8	28	yes	60
29/10/00	1.1	66	72.6	10.3	7.7	28	yes	60
30/06/53	1.1	66	72.6	12.9	7.8	28	yes	30
31/09/16	1.6	66	145.16	12.3	7.7	28	yes	40

³ If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWIS within 24 hours

¹ Revised September 2016

Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf

Return by 10th of following month by email, fax, or mail to:
 dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350